

**State of Missouri
Office of the Adjutant General**



**Missouri Military Family
Relief Fund SOP**

**Standing Operating Procedures
For
Missouri Military Family Relief Fund**

Effective: 1 May 2006

1. References:

- a. Chapter 41, *Revised Statutes of Missouri*, Section 41.216.
- b. Chapter 41, *Revised Statutes of Missouri*, Section 41.218.
- c. 11 Code of State Regulations 10-7.010, Missouri Military Family Relief Fund.

2. Definitions: Annex A outlines the definition of terms used in this Standing Operating Procedures (SOP).

3. Purpose: The Missouri Military Family Relief Fund (MMFRF) provides conditional emergency assistance to qualified military members and their families. The fund is established to make Quality of Life and Medical Based Grants (QLMBG) during periods of financial hardship. This fund is available for members and families of the Missouri National Guard and to Missouri resident members and families of a Reserve Component who have been called to active duty as a result of the September 11, 2001, terrorist attacks for thirty consecutive days or more. The fund, however, will be used only as a last resort. Annex B has a program information paper available to all individuals interested in this fund.

4. Fund Management Components:

a. The Adjutant General of the State of Missouri shall fully implement the intent of the legislature in enacting the Missouri Military Family Relief Fund as contained in Chapter 41, *Revised Statutes of Missouri* (RSMo), Section 41.218. The plan will be administered to fully utilize the available funds. However, if funds are insufficient to address all the financial needs, then a priority shall be established to best advance the goals of the fund. The Adjutant General is the final authority in administering the Missouri Military Family Relief Fund.

b. The Adjutant General shall appoint a MMFRF Advisory Council comprised of military and civilian members. The Advisory Council will ensure the Adjutant General's operational intent for the management of the Missouri Military Family Relief Fund is implemented and executed.

(1) The duties of the Advisory Council will include but are not limited to:

(a) Review of the legislative guidance, and standing operating procedures enacting and outlining the operation of the Missouri Military Family Relief Fund. These reviews are to ensure that the best interest of our service members and their families are being served by this fund.

(b) Authorizing any spending of administrative funds. Spending of administrative funds on education, advertising, fundraising, or any other activity with a cost involved will require a majority approval of the Advisory Council.

(c) Authorizing any public information releases by any personnel affiliated with the MMFRF. If prior authorization is given by the Adjutant General or higher approval from the Advisory Council is not required.

(2) The Advisory Council will consist of, but is not limited to, a recorder and at least one representative for each of the following:

- (a) Lieutenant Governors Office
- (b) Adjutant General representation by a commissioned officer
- (c) Veterans Commission
- (d) Senior Enlisted Representative
- (e) State Resources Office
- (f) Military Executive Office Representative

(3) The Advisory Council shall meet, at a minimum, quarterly to review policy, procedures, fund balance, administrative fund spending, and management.

c. The Adjutant General shall appoint an MMFRF Coordinator who shall ensure each application is received, logged in, reviewed for completion and eligibility, and prepared for the Review Panel. The MMFRF Coordinator may also return the application if incomplete or the applicant is ineligible, or the fund is determined not to be the last resort.

d. A three member volunteer panel comprised of military and civilian members, to be known as the MMFRF Review Panel, will be established. The Review Panel will consist of a Command Sergeant Major of the Missouri National Guard, an active or retired Command Sergeant Major of a Reserve Component or its equivalent, and a representative of the Missouri Veterans Commission. The Adjutant General can allow an ex-officio member to sit on the Review Panel. No more than one ex-officio member will be authorized per Review Panel. The input of the ex-officio member may be considered by the Review Panel. However, the input of the ex-officio member is not required to approve or disapprove a grant request. The purpose of the Review Panel shall be to review each application in a timely manner and to cast a vote approving or disapproving each applicant's request for a grant. An approving vote of two of the three Review Panel members is required for approval of the grant. The Review Panel may approve an application for a lesser amount than what was originally applied for.

e. The Adjutant General, and designees, are permitted to exercise a wide latitude of good faith discretion in administering the rules set forth herein.

5. Eligible Recipients:

a. The following members are eligible to receive QLMBG:

(1) Any member of the Missouri National Guard or a Missouri resident who is a member of a Reserve Component who has been called to active duty as a result of the September 11, 2001, terrorist attacks for thirty consecutive days or more.

(2) Any member of the Missouri National Guard or a Missouri resident who is a member of a Reserve Component who was called to active duty as a result of the September 11, 2001, terrorist attacks and has been off active duty orders for less than 120 days.

(3) Any discharged member of the Missouri National Guard or Missouri resident who is a discharged member of a Reserve Component who was called to active duty as a result of the September 11, 2001, terrorist attacks and has been off active duty order for less than a 120 days.

(4) Families of member: husband, wife, child, mother, father, brother, sister, or other person, who have been approved as a dependent and are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with applicable military regulations.

(5) A custodial parent or guardian of a member's dependent. The dependent must be enrolled in DEERS. The custodial parent or guardian must provide proof of guardianship.

(6) A non-family member who is considered an interested party and has been granted power of attorney by the service member, Annex C has an example Power of Attorney.

(7) Recipients who meet the above status criteria must also need assistance as a last resort to address financial hardship. The financial hardship must not require a monetary resolution in less than one week.

(8) Only a Missouri National Guard or Missouri resident Reserve Component member holding pay grade no higher than O-3, if a commissioned officer, or W-2, if a warrant officer, and their families, shall be eligible to receive a financial assistance grant.

(9) Upon recommendation of the Review Panel, the Adjutant General is authorized to waive the 120 day limitation in subsection a (2) of this section up to but not to exceed 180 days. The Adjutant General may use discretion in granting or denying such requests.

b. The following members are ineligible to receive QLMBG:

(1) All commissioned officers with pay grades of O-4 and higher. All warrant officers with pay grades of W-3 and higher.

(2) Personnel serving in Active Guard/Reserve (AGR) or similar full-time unit support programs unless called to Title 10 service or receives a Title 32 status change as a result of the September 11, 2001, terrorist attacks.

(3) Members who, at any time prior to the disbursement of funds, receive a punitive discharge or an administrative discharge with service characterized as Under Other Than Honorable Conditions.

(4) The Adjutant General is authorized to waive the requirements in subsection b (1) of this section upon written request indicating the circumstances justifying such a waiver. The Adjutant General may use discretion in granting or denying such requests.

6. Assistance:

a. Payments are subject to available funds and approval authority discretion.

b. Evaluative Criterion For Approval (may include but not limited to):

(1) Nature of assistance requested.

(2) Degree of financial hardship:

(a) Current family income.

(b) Debt and obligations.

(3) Link and causation between financial hardship and military membership:

(a) Change in income (based on military active duty).

(b) Increased expenses based on military duty.

(a) Military pay problems.

(b) Other issues of financial hardship related to military duty.

(4) Bankruptcy filed or pending.

(5) Pending disciplinary action (military member only).

(6) Length of military duty.

(7) Other aid available and/or received.

(8) Amounts and date of any funds previously received from this fund.

c. The following are examples of acceptable reasons for assistance. Depending on the overall situation, these examples do not necessarily justify funding: food, rent, utilities, medical services, medical prescriptions, insurance or vehicle payments, child care, personal needs when

military pay is delayed or stolen, emergency home repairs (habitability/essential areas but not home improvements), etc., as well as other emergency needs at the discretion of the approval authority.

d. Regardless of appropriation and availability, funds shall not be used to:

- (1) Help pay for nonessentials.
- (2) Finance leave or vacation.
- (3) Pay fines or legal expenses.
- (4) Help liquidate or consolidate debt.
- (5) Assist with new house purchase or home improvements.
- (6) Cover bad checks or pay credit card bills.

7. Quality of Life and Medical Based Grant Limits:

a. Payments to members and families of the Missouri National Guard and to Missouri resident members and families of a Reserve Component shall not exceed \$1,000 during any twelve month period.

b. Members and their families may receive a grant only one time per twelve month period and only one time per active duty order.

c. The Adjutant General is authorized to waive the requirement in subsection (b) of this section upon written request indicating the circumstances justifying such a waiver. The Adjutant General may use discretion in granting or denying such requests; however, in no event will payments authorized by this section exceed \$1,000 during any twelve month period.

8. Application and Payment Process:

a. Eligible recipients may apply for funds by submitting a completed application form with all required supporting documentation. Application forms are provided by the MMFRF Coordinator. Annex D has the MMFRF application information sheet. The MMFRF application form is shown in Annex E.

b. Each application packet will contain the following information, unless otherwise provided under DEERS, and the applicant shall authorize access to DEERS for purpose of verification:

- (1) Consent and authorization to release information.
- (2) Proof of residency (if applicable).

(3) Proof of current military membership or sponsor's current duty status. Proof of active duty will consist of a copy of the orders issued by an authorized headquarters ordering the member to such duty and documentation showing that such duty was performed.

(4) Proof of dependency (if applicable).

(5) Proof of non-family members who are identified as an interested party (if applicable), Annex C contains an example of a Power of Attorney.

(6) Military member's most current Leave and Earnings Statement (LES) and a copy of a payroll record from the member's civilian employer that indicates monthly salary.

(7) Proof that the member or family member has incurred or is about to incur a specific monetary expense relating, but not limited to; clothing, food, housing, utilities, medical services, medical prescriptions, and insurance or vehicle payments. Such proof shall include, but not limited to: car repair estimates, rental agreement, utility bill, invoice, cancellation notice, or any other similar record.

(8) A signed statement that the grant requested is for the purpose identified in the application and that the grant funds will be used for the purposes intended.

(9) Any other forms requested by the MMFRF Coordinator for completing the application packet. (Note: Additional information required will be determined on a case-by-case basis and may include additional financial and medical history information.).

c. Incomplete applications will be returned to the applicant.

d. Upon receipt of a complete original application, the MMFRF Coordinator will review the application for eligibility and verify required information under DEERS. The application will then be sent to the MMFRF Review Panel for approval by a majority of the members:

(1) The Review Panel will utilize the Review Panel Questionnaire (Annex F) to ensure the application meets the evaluative criteria for approval.

(2) The Review Panel will use the MMFRF Application Worksheet (Annex G) to approve or deny the grant request and to approved or adjust the requested amount.

(3) If the Review Panel cannot reach a majority decision on grant approval or the amount to be paid the deciding vote will be made by either the State Command Sergeant major or the Military Executive.

(4) The MMFRF Coordinator will serve as the recorder of the Review Panel's decision.

(5) Once approved, the MMFRF Coordinator will prepare a memorandum for grant payment request. The memorandum will be forwarded to the State Fiscal Resources Office for payment. A sample memorandum format for grant payment request is shown in Annex H. The

payment request shall be processed in an expeditious manner. A copy of all payment requests will be retained by the MMFRF Coordinator.

(6) The MMFRF Coordinator will notify the applicant via mail of the approval of their grant request. The letter will include the amount approved and the suspected payment date. Information regarding possible income reporting requirements to the IRS will also be included in the letter. Additional information may be included in the letter upon the discretion on the Review Panel. A sample approval letter is shown in Annex I.

e. The timeliness of payment will be determined by the amount of funds available at the time of the application is approved.

f. All grants will be paid directly to the applicant. Payments will not be made directly to creditors.

g. If adequate funds are not available, the application will be held in a queue until funds are available.

9. Denial and Appeals:

a. Denials:

(1) Grant applications not meeting eligibility requirements will be denied.

(2) A letter explaining the denial, as well as providing additional sources of available relief, will be sent to the applicant by the MMFRF Coordinator within thirty days after receipt. A sample denial letter is shown in Annex J.

b. Appeals: Applicants may appeal decisions in writing, within thirty days of receipt of the denial letter, by stating the basis for the reconsideration. Send all appeals to the MMFRF Coordinator. The MMFRF Coordinator will forward all appeals to the Adjutant General, with a copy of the application and the review panel worksheet, for review and decision.

c. Upon recommendation of the Review Panel, the Adjutant General is the final appeal authority.

10. Contribution Handling:

a. The MMFRF will receive contributions from five sources:

(1) Taxpayer contributions from State of Missouri standard individual income tax forms:

(a) The MMFRF Coordinator will be notified via memorandum by the State of Missouri, Department of Revenue when contributions from this source are transferred into the MMFRF State Treasury account.

(b) The MMFRF Coordinator will provide the State Fiscal Resources Office a copy of memorandums received from the State of Missouri, Department of Revenue, regarding funds transferred into the MMFRF State Treasury account.

(c) The State Fiscal Resources Office and the MMFRF Coordinator will both retain copies of this documentation for three years or completion of state audit (CSA). Documentation retained by the MMFRF Coordinator may be destroyed at the retainer's discretion.

(d) Upon CSA or three years, memorandums from the State of Missouri, Department of Revenue may be destroyed at the record retainer's discretion.

(2) From the Missouri State Employees Charitable Campaign (MSECC):

(a) The Missouri State Employees Charitable Campaign, as defined in Annex A, provides state employees with an annual, unified fundraising event and the opportunity to contribute to participating charitable organizations.

(b) The MSECC guidance, administrative guidelines, and sample application for admission is contained in Annex K.

(c) The MSECC procedures are administered by the Office of Administration and may be changed or amended at any time in accordance with administrative policy.

(d) In the event a participating charitable organization fails to adhere to eligibility requirements or policies and procedures of the MSECC, the Commissioner of Administration may withdraw eligibility at any time.

(e) Charitable organizations wishing to participate in the MSECC must apply every two years. Completed application must be submitted to the MSECC by the established deadline and the applications will be reviewed to determine eligibility.

(f) Charitable organizations will receive notification of either acceptance or denial into the MSECC. If admission is denied, an organization will be allowed ten days to file an appeal with the Commissioner of Administration. Appealing organizations will be notified of the final decision within ten days of receipt of the appeal.

(g) The MMFRF Coordinator will be notified via email of the total amount pledged and an approximate schedule of payments as soon as possible after the annual campaign concludes.

(h) Payments will be sent to the MMFRF Coordinator in a check form. If pledge amounts are over \$500.00 the payments will be dispersed quarterly. If pledge amounts are under \$500.00 a one time payment check will be sent.

(i) Payments from the MSECC will be logged by the MMFRF Coordinator.

(j) Payments will then be turned over to the State Fiscal Resources Office using the memorandum format shown in Annex M.

(k) The State Fiscal Resources Office will log, prepare and approve Statewide Advantage for Missouri II (SAM II) deposit forms for deposit into the State Treasury.

(l) The State Fiscal Resources Office will provide the MMFRF Coordinator with copies of all deposits to the State Treasury relative to this fund.

(m) The State Fiscal Resources Office and the MMFRF Coordinator will both retain copies of this documentation for three years or CSA. Documentation retained by the MMFRF Coordinator may be destroyed at the retainer's discretion.

(n) Upon CSA or three years, memorandums from the State of Missouri, Department of Revenue may be destroyed at the record retainer's discretion.

(3) From individuals and corporations:

(a) Contributions from individuals and corporations will be logged by the MMFRF Coordinator. This includes contributions received from individuals and corporations to sponsor approved MMFRF fundraising events.

(b) Any donors who contribute an amount over \$250.00 will receive a receipt from the MMFRF Coordinator. The receipt will be in accordance with (IAW) Internal Revenue Service (IRS) Publication 526. A sample individual contribution receipt is shown in Annex L.

(c) Contributions will then be turned over to the State Fiscal Resources Office using the memorandum format shown in Annex M.

(d) The State Fiscal Resources Office will log, prepare and approve SAM II deposit forms for deposit into the State Treasury.

(e) The State Fiscal Resources Office will provide the MMFRF Coordinator with copies of all deposits to the State Treasury relative to this fund.

(f) The State Fiscal Resources Office and the MMFRF Coordinator will both retain copies of this documentation for three years or CSA. Documentation retained by the MMFRF Coordinator may be destroyed at the retainer's discretion.

(g) Upon CSA or three years, memorandums from the State of Missouri, Department of Revenue may be destroyed at the record retainer's discretion.

(4) From fundraising events:

(a) A fundraising event is defined in Annex A as: any event sponsored, coordinated, supervised, or administered by the Missouri Veterans Commission or any other entity with the proceeds benefiting the MMFRF.

(b) Proceeds received from fundraising events will be controlled and tracked by the Missouri Veterans Commission until converted into a bank check or money order. The bank check or money order will be made out for payment to the MMFRF.

(c) Once the funds are converted to a bank check or money order they will be turned over the MMFRF Coordinator using the format shown in Annex N.

(d) The MMFRF Coordinator will log all fund raising proceeds received from the Missouri Veterans Commission.

(e) Proceeds will then be turned over to the State Fiscal Resources Office using the memorandum format shown in Annex M.

(f) The State Fiscal Resources Office will log, prepare, and approve SAM II deposit forms for deposit into the State Treasury.

(g) The State Fiscal Resources Office will provide the MMFRF Coordinator copies of all deposits to the State Treasury relative to this fund.

(h) The State Fiscal Resources Office and the MMFRF Coordinator will both retain copies of this documentation for three years or CSA. Documentation retained by the MMFRF Coordinator may be destroyed at the retainer's discretion.

(i) Upon CSA or three years, memorandums from the State of Missouri, Department of Revenue may be destroyed at the record retainer's discretion.

(5) From online contributions:

(a) An online contribution is defined in Annex A as: any contribution made by electronic funds transfer (EFT).

(b) The State Fiscal Resources Office will be notified via electronic notification when EFT contributions have been made to the MMFRF.

(c) The State Fiscal Resources Office will be responsible for transferring EFT contributions into the MMFRF State Treasury account.

(d) The State Fiscal Resources Office will provide the MMFRF Coordinator copies of all deposits to the State Treasury relative to this fund.

(e) The State Fiscal Resources Office and the MMFRF Coordinator will both retain copies of this documentation for three years or CSA. Documentation retained by the MMFRF Coordinator may be destroyed at the retainer's discretion.

(f) Upon CSA or three years, memorandums from the State of Missouri, Department of Revenue may be destroyed at the record retainer's discretion.

b. Cash contributions will be handled using the following procedures:

(1) Upon receipt of a cash contribution, the MMFRF Coordinator will conduct a double count with another functional area staff member.

(2) The MMFRF Coordinator will then conduct a double count with the State Fiscal Resources Office.

(3) The State Fiscal Resources Office will log, prepare and approve SAM II deposit forms for deposit into the State Treasury.

(4) The State Fiscal Resources Office will provide the MMFRF Coordinator copies of all deposits to the State Treasury relative to this fund.

(5) The State Fiscal Resources Office and the MMFRF Coordinator will both retain copies of this documentation for three years or CSA. Documentation retained by the MMFRF Coordinator may be destroyed at the retainer's discretion.

(6) Upon CSA or three years, memorandums from the State of Missouri, Department of Revenue may be destroyed at the record retainer's discretion.

c. The State Fiscal Resources Office and the MMFRF Coordinator will conduct a monthly reconciliation of transactions relative to this fund to ensure accounting accuracy. Discrepancies will be reported/corrected accordingly.

11. Reporting Requirements:

a. The MMFRF Coordinator shall coordinate reports with the State Fiscal Resources Office, The Office of the Adjutant General, and shall assist the State Fiscal Resources Office in preparing reports to the Governor, Lieutenant Governor, and the Legislature.

b. The MMFRF Coordinator shall provide the Adjutant General and the Advisory Council a monthly report detailing the funds requested and amount disbursed.

c. The MMFRF Coordinator shall provide the Adjutant General a monthly report containing the amount of funds donated monthly to the fund.

d. The State Fiscal Resources Office is responsible for reporting grant amounts to the Missouri Department of Revenue.

e. If an application is denied for any reason, the MMFRF Coordinator shall include this information in the report called for in subsection (b) of this section.

12. Amendments: Any part of this SOP may be amended at any time upon written approval of the Adjutant General.

KING E. SIDWELL
Major General (MO), MOARNG
The Adjutant General

Annexes:

- A – Definitions
- B – MMFRF Program Information Sheet
- C – MMFRF Sample Power of Attorney
- D - MMFRF Application Information Sheet
- E - MMFRF Application
- F – Review Panel Questionnaire
- G – Review Panel Application Worksheet
- H – Grant Payment Request Memorandum Format
- I – Sample Approval Letter
- J – Sample Denial Letter
- K– Missouri State Employees Charitable Campaign Booklet
- L – Donor Contribution Receipt Format
- M – State Fiscal Resources Office Memorandum Format
- N – Missouri Veteran’s Commission Deposit Format

Annex A

Definitions: As used in the SOP, unless the context clearly indicates otherwise, the following terms shall mean:

1. Active Duty - Title 10 or Title 32 orders as a result of the September 11, 2001 terrorist attacks.
2. Adjutant General – As defined in Chapter 41, *Revised Statutes of Missouri*, Section 41.110 and all amendments thereto.
3. Double Count – The process of two (2) individuals conducting a joint count of cash money received.
4. Families of Members – A husband, wife, child, mother, father, brother, sister, or other person, who have been approved as a dependent and are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with applicable military regulations.
5. Fundraising Event – Any event sponsored, coordinated, supervised, or administered by the Missouri Veterans Commission or any other entity with the proceeds benefiting the Missouri Military Family Relief Fund.
6. Interested Party – A non-family member granted power of attorney by a service member.
7. Missouri Military Family Relief Fund (MMFRF) – As defined in Chapter 41, *Revised Statutes of Missouri*, Section 41.218 and all amendments thereto.
8. Missouri Military Family Relief Fund Advisory Council – A council appointed by the Adjutant General to implement the operational intent for the management and execution of the Missouri Military Family Relief Fund.
9. Missouri Military Family Relief Fund Coordinator – Individual appointed by the Adjutant General to serve as recorder for the Review Panel and to execute administrative functions relative to the Missouri Military Family Relief Fund.
10. The Missouri State Employees Charitable Campaign - provides state employees with an annual, unified fundraising event and the opportunity to contribute to participating charitable organizations.
11. Online Contribution – Any contribution made by electronic funds transfer (EFT).
12. Quality of Life and Medical Based Grant (QLMBG) – Grant awarded during periods of financial hardship for generally accepted living expenses; housing, insurance, medical services/prescriptions, transportation, utilities, vehicle/home repairs, groceries, ect.

Annex A

13. Reserve Component – Reserve forces of the United States; Air Force Reserve, Army Reserve, Coast Guard Reserve, Marine Corps Reserve, Naval Reserve.

14. Review Panel – A three (3) member volunteer panel comprised of military and civilian members including a Command Sergeant Major of the Missouri National Guard, an active or retired Command Sergeant Major of a Reserve Component or its equivalent, and a representative of the Missouri's Veterans Commission.



Missouri Military Family Relief Fund (MMFRF)

The Missouri Military Family Relief Fund (MMFRF) is a bipartisan state fund administered by the Adjutant General which assists members and families of the Missouri National Guard and Missouri resident members and families of a Reserve Component who are or have been deployed as a result of the September 11, 2001, terrorist attacks between September 11, 2001 and December 31, 2010. Lt. Governor Peter Kinder signed House Bill 437 into law on June 28, 2005. This bill created a tax check-off, of at least one dollar, on the Missouri income tax return. The MMFRF had an official start date of August 28, 2005.

To qualify for the MMFRF soldiers must meet the following requirements:

- Be a Missouri National Guard or a Missouri resident Reserve Component member
- Hold a rank no higher than O-3 or W-2
- Have been on Title 10 or Title 32 orders as a result of the September 11, 2001, terrorist attacks for 30 consecutive days or more
- Have been off Title 10 or Title 32 orders as a result of the September 11, 2001, terrorist attacks for 120 days or less
- Not have received a previous grant from this fund within the last 12 months
- Not have a situation that requires a monetary resolution in less than a week

The MMFRF does not provide assistance for any of the following items:

- Nonessentials
- To finance leave or vacation
- Pay fines or legal expenses
- Help liquidate or consolidate debt
- Assist with house purchase or home improvements
- Cover bad checks or pay credit card bills

Applicants will receive grants based on the recommendation of a Review Panel consisting of a Command Sergeant Major of the Missouri National Guard, Reserve Component or its equivalent, and a representative of the Missouri Veterans Commission. The MMFRF offers a Quality of Life and Medical Based Grant (QLMBG) for approved expenses up to one thousand dollars.

Contributions are Tax Deductible: If you would like to make a contribution, please make your check payable to: Missouri Military Family Relief Fund, Attn: J1/SSP-N, 2302 Militia Drive, Jefferson City, MO 65101-1203.

This is an opportunity to help the men and women who stand up for our country when duty calls. Information about the Missouri Military Family Relief Fund can be obtained by emailing MilitaryRelief@mo.ngb.army.mil or by calling (573) 638-9500 ext. 7694.

SPECIAL POWER OF ATTORNEY

KNOW EVERYONE BY THESE PRESENTS, which are intended to constitute a Special Power of Attorney, THAT I, _____, having an address at _____, hereby make, constitute and appoint _____, having an address at _____, as my attorney-in-fact TO ACT in my name, place and stead in any way which I could do, if I were personally present, to the extent that I am permitted by law to act through an agent:

(a) to apply for and receive assistance from the Missouri Military Family Relief Fund

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this power of attorney.

IN WITNESS WHEREOF, I have executed this power of attorney this ____ day of _____, _____.

STATE OF _____, COUNTY OF _____, ss.

On this ____ day of _____, _____, before me personally came test, to me known to be the individual described in and who executed the foregoing power of attorney, and acknowledged that he executed the same as his free and voluntary act and deed.

IN WITNESS WHEREOF I hereunto set my hand and affixed my official seal at in said County and State on the date first above written.

Notary Public
My commission expires on _____



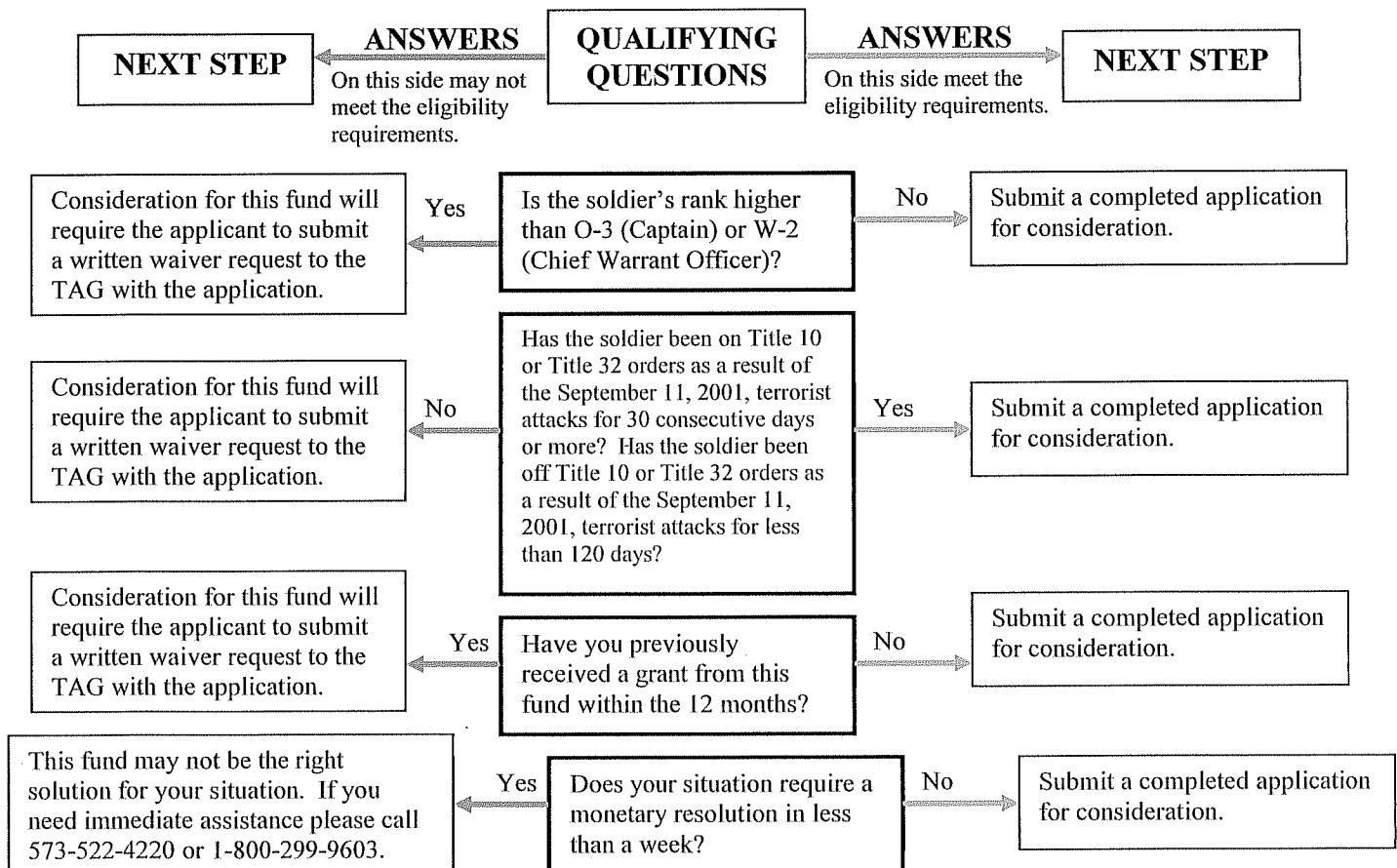
Missouri Military Family Relief Fund

Application Information Sheet



Potential applicants should use the below information to determine eligibility and answer program questions.

- Incomplete applications will be returned to the applicant without consideration.
- Grant applications from those not meeting eligibility requirements will be denied. A letter explaining the denial, as well as providing additional sources of available relief, will be sent to the applicant within 30 days after receipt.
- Additional information regarding this fund can be found at <http://www.mmfrf.mo.gov/>
- Any questions can be addressed by calling 573-638-9500 ext. 7694 or by e-mailing MilitaryRelief@mo.ngb.army.mil.
- The Missouri Military Family Relief Fund does not provide assistance for any of the following items:
 - Nonessentials
 - To finance leave or vacation
 - Pay fines or legal expenses
 - Help liquidate or consolidate debt
 - Assist with house purchase or home improvements
 - Cover bad checks or pay credit card bills
- Use the qualifying questions flow charts below to assist you in determining your eligibility for this fund.





Missouri Military Family Relief Fund
 Application for Financial Assistance - Please Print or Type
 All Items Must Be Completed

**MILITARY MEMBER'S INFORMATION**

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ AGR: ☐ YES ☐ NO

BRANCH: _____ RANK/PAY GRADE: _____ SSN: _____

NUMBER OF DEPENDENTS (excluding military member): _____

HOME STATION UNIT OF ASSIGNMENT: _____
 (Where you would normally drill when not on active duty.)

EMAIL ADDRESS: _____

APPLICANT'S INFORMATION (IF OTHER THAN MILITARY MEMBER)

NAME: _____ SSN: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

RELATIONSHIP TO MILITARY MEMBER: _____

POWER OF ATTORNEY: ☐ YES ☐ NO (Please provide copy)

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION OF THE ABOVE INFORMATION

NAME: _____

POSITION/TITLE: _____ PHONE NUMBER: _____

**QUALITY OF LIFE AND MEDICAL BASED GRANT REQUIREMENTS - UP TO \$1,000**

- ☐ Rank must be no higher than O-3 or W-2.
- ☐ Service member must submit their DD214 if applicable
- ☐ Service member must submit their deployment/mobilization orders
- ☐ Service member must have been deployed for 30 consecutive days or more.
- ☐ If no longer deployed, the service member has been off deployment for less than 120 days.
- ☐ Leave and Earning Statements submitted MUST be within the period of service on the activation orders.
- ☐ Completed application must be signed.
- ☐ Must submit proof of expenses or bills
- ☐ This grant will only pay the amount of bills attached to this application up to the amount of \$1,000

SIGNATURE OF APPLICANT: _____ DATE: _____

If you need assistance completing this application please call 573-638-9500 Ext. 7694 or e-mail the Missouri Military Family Relief Fund at MilitaryRelief@mo.ngb.army.mil

Application for Financial Assistance Continued

THE BELOW INFORMATION IS REQUIRED FOR APPROVAL OF A GRANT REQUEST

Monthly civilian salary (of military member), includes NO overtime (attach copy of pay stub) \$ _____

Monthly military salary, include base pay and BAH (attach copy of LES) \$ _____

Monthly salary of spouse, to include unemployment or disability (attach copy of pay stub) \$ _____

Other income (i.e. child support, alimony, etc.) \$ _____

Grants received from other sources

Date	Source of Grant	Amount

EXPENSE

AMOUNT

DESCRIBE ATTACHMENT(S)

Food/clothing: \$

Rent/mortgage: \$ _____

Utilities: \$_____

Medical services/prescriptions: \$ _____

Insurance: \$ _____

Vehicle payments: \$ _____

House/vehicle repair: \$ _____

Child care: \$_____

Other: \$ _____

Reason why emergency assistance is needed (Be complete and specific. If more space is needed, continue on a separate sheet.)

SIGNATURE OF APPLICANT: _____

DATE: _____

Annex E
Missouri Military Family Relief Fund
Application for Financial Assistance Continued

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (Print Name), hereby authorize and consent to the release/verification of financial and military information from any entity to the Missouri Military Family Relief Fund and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

INFORMATION CERTIFICATION/APPLICANT UNDERSTANDING

I certify the information in this application to be true and correct.

I further certify that the grant funds provided will be used for the purpose described in this application.

I hereby understand that my submission of this application does not guarantee grant approval.

I further understand that it is my responsibility to maintain my financial obligations prior to and after the disposition of this application is complete.

SIGNATURE OF APPLICANT: _____

DATE: _____

Mail To:

Missouri Military Family Relief Fund
JFMO-J1/SSP-N
2302 Militia Drive
Jefferson City, MO 65101-1203

MISSOURI MILITARY FAMILY RELIEF FUND REVIEW PANEL QUESTIONNAIRE

<u>YES</u>	<u>NO</u>	<u>QUESTION</u>
<input type="checkbox"/>	<input type="checkbox"/>	Did the military member's income decrease due to deployment/mobilization?
<input type="checkbox"/>	<input type="checkbox"/>	Are attached bills for necessities?
<input type="checkbox"/>	<input type="checkbox"/>	Did an emergency cause this situation (i.e. medical, dental, home damage)?
<input type="checkbox"/>	<input type="checkbox"/>	Is military member's spouse employed (if applicable)?
<input type="checkbox"/>	<input type="checkbox"/>	Did spouse's income decrease due to military member being deployed?
<input type="checkbox"/>	<input type="checkbox"/>	Was the military member's pay incorrect or delayed due to deployment pay problems?
<input type="checkbox"/>	<input type="checkbox"/>	Were additional costs incurred by the military member for deployment requirements, pursuant to orders?
<input type="checkbox"/>	<input type="checkbox"/>	Is the Missouri Military Family Relief Fund the 1 st organization to assist this family?
<input type="checkbox"/>	<input type="checkbox"/>	Will this grant resolve this individual's financial situation?

Yes answers reflect situations that the Missouri Military Family Relief Fund was designed to assist with.

MISSOURI MILITARY FAMILY RELIEF FUND REVIEW PANEL WORKSHEET

APPLICANT IDENTIFICATION

NAME: _____ AMOUNT REQUESTED: \$ _____

APPLICATION TRACKING NUMBER: _____

APPROVALS

<u>Reviewer</u>	<u>Application</u>		<u>Requested Amount</u>	
	<u>Approved</u>	<u>Denied</u>	<u>Approved</u>	<u>Other Amount</u>
Administrative	_____	_____	N/A	N/A
National Guard CSM	_____	_____	_____	\$ _____
Reserve Component CSM	_____	_____	_____	\$ _____
Veterans Commission	_____	_____	_____	\$ _____
Ex-Officio Member	_____	_____	_____	\$ _____

Complete Below Portion Only If Denying Application

Reason For Denial

National Guard CSM _____

Reserve Component CSM _____

Veterans Commission _____

Ex-Officio Member _____

Below Portion To Be Completed By Review Panel Recorder

Reviewer Totals _____

Application Approved: Yes ☐ No ☐

Total To Be Paid \$ _____

Rank, Last name, First name, MI

Signature and Date

JFMO-SS

Date _____

MEMORANDUM FOR Office of the Adjutant General, JFMO-SRF, ATTN: Jill Delgado,
2302 Militia Drive, Jefferson City, Missouri 65101-1203

SUBJECT: Grant Payment Request From Missouri Military Family Relief Fund

1. Request grant payment of \$ _____ for application # _____.
2. Payment should be made payable to _____.
3. Additional information required for payment is listed below:
 - a. Social security number: _____
 - b. Address: _____
 - c. Phone: _____
4. This payment was approved by the Review Panel on _____.
5. The point of contact for this request is SFC Melissa Ireland at 573-638-9500, ext. 7694.

MELISSA D. IRELAND
SFC, MOARNG
Missouri Military Family Relief Fund
Coordinator



MISSOURI MILITARY FAMILY RELIEF FUND
2302 MILITIA DRIVE
JEFFERSON CITY, MISSOURI 65101-1203

14 February 2006

Jane Doe
1234 Any Street
Any Town, Missouri, 65101

Dear Ms. Doe:

Thank you for your grant application. We are pleased to inform you of the approval of your application. Your application has been approved in the amount of \$_____. Your check should arrive within 7-10 days after receipt of this letter.

All matters relating to personal income taxes are the responsibility of the recipient.

Should you have any questions, concerns or your check does not arrive within the above mentioned timeframe, please don't hesitate to contact me at 573-638-9500, ext. 7694.

Sincerely,

SFC JOHN HENRY
Missouri Military Family Relief Fund Coordinator



Annex J
MISSOURI MILITARY FAMILY RELIEF FUND
2302 MILITIA DRIVE
JEFFERSON CITY, MISSOURI 65101-1203

14 February 2006

Jane Doe
1234 Any Street
Any Town, Missouri, 65101

Dear Ms. Doe:

Thank you for your grant application. We have given your request careful consideration and regret that we are unable to approve your grant request at this time for the following reason:

- ☐ Incomplete application (please complete marked areas and return application)
- ☐ Non Missouri resident or non Missouri National Guard member
- ☐ Exceeds rank limitation
- ☐ Does not meet minimum active duty time
- ☐ Exceeds maximum release from active duty time
- ☐ Has received a previous grant within the past 12 months
- ☐ Other _____

You may be eligible for assistance from other resources. To obtain information on these other resources and your eligibility please contact the following:

Unit Family Assistance Support Point of Contact _____ at _____
Operation Outreach at 573-522-4220

Appeals to this denial may be submitted in writing, within thirty (30) days of receipt of this letter. Appeals must state the basis for reconsideration. Send all appeals to the Missouri Military Family Relief Fund Coordinator at 2302 Militia Drive, Jefferson City, Missouri 65101.

Should you have any questions or concerns, please don't hesitate to contact me at 573-638-9500, ext. 7694.

Sincerely,

SFC JOHN HENRY
Missouri Military Family Relief Fund Coordinator



MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN

APPLICATION FOR ADMISSION

2005 & 2006

Due by
February 28, 2005



Please return this application to:

Missouri State Employees Charitable Campaign
Harry S. Truman Building, Room 760
P.O. Box 809
Jefferson City, MO 65102-0809

Telephone: (573) 751-0929

FAX: (573) 751-7819

Email: msecc@oa.mo.gov

Applications must be postmarked by midnight on:

February 28, 2005

GENERAL INFORMATION

The Missouri State Employees Charitable Campaign (MSECC) provides state employees with an annual, unified fundraising event and the opportunity to contribute to participating charitable organizations.

I. Basic Premises

- A. A charitable organization is an organization which falls within the meaning of 26 CFR 1.501 (c)(3), actively conducts programs as required by the above statute, results from a joint community-wide or nation-wide solicitation and is administered in a manner requiring public accountability and public participation in policy decisions.
- B. An organization shall provide human services, including services relating to the environment, wildlife or habitat conservation, and meet the following criteria:
 - a. The services must directly benefit human beings, including but not limited to health and welfare services to children, youth, adults, the aged, the ill and infirm or the mentally or physically disabled.
 - b. The services must consist of care, research or education in the fields of human health or social adjustment and rehabilitation; relief for victims of natural disaster and other emergencies; or assistance to those who are impoverished and in need of food, shelter, clothing, and other basic human welfare services, and for providing a safe and healthy environment.
 - c. The services may include advocacy for needs of their target population or public awareness and education concerning the services they provide.
- C. Participating charitable organizations may voluntarily associate with a federation to solicit contributions or operate as an independent, stand-alone organization.
- D. The MSECC procedures are administered by the Office of Administration and may be changed or amended at any time in accordance with administrative policy.
- E. The MSECC is the only authorized monetary fundraising effort among state employees.
- F. Participating organizations shall only engage in promotional activities at work sites during the annual campaign period, and only in accordance with the procedures outlined herein.
 - a. Charitable organizations must be registered with the MSECC Speakers Bureau.
 - b. Charitable organizations must be invited by state agencies or the MSECC to participate or speak at employee meetings or kick-off events.
 - c. Promotional materials may only be distributed through the MSECC.
- G. In the event a participating charitable organization fails to adhere to eligibility requirements or policies and procedures of the MSECC, the Commissioner of Administration may withdraw eligibility at any time.
- H. Lobbying, that is any activity or effort to influence legislation or public policy, is not permitted. (If the organization's activities are informal, not funded by contributions and incidental, the organization will not be disqualified from participating in the MSECC.)
- I. Sectarian activities, including (but not limited to) activities aimed to promote the adoption of one or more religious or philosophical viewpoints, are not permitted.

GENERAL INFORMATION

II. Administration

- A. Charitable organizations wishing to participate in the MSECC must apply for admission every two years. Completed applications must be submitted to the MSECC by the established deadline, and the applications will be reviewed to determine eligibility.
- B. Charitable organizations will receive notification of either their acceptance or denial of admission into the MSECC. If admission is denied, an organization will be allowed ten (10) days to file an appeal with the Commissioner of Administration. Appealing organizations will be notified of the final decision within ten (10) days of receipt of the appeal.
- C. A consolidated campaign brochure will be made available to all state employees. The brochure will list each participating charitable organization, its code number, administrative cost percentage and a brief description of its programs. Charitable organizations will appear in the brochure categorized according to their geographical region, statewide, national, or international service area. MSECC makes every effort to ensure the accuracy of the information contained in the campaign brochure but is not responsible for misstatements of fact made by any participating organization.
- D. State employees will be provided with information on how to designate contributions to charitable organizations described in the campaign materials, and pledge cards will be designed to facilitate their designations. Undesignated contributions shall be distributed on a pro-rata basis to charities in the region from which the contribution was received.
- E. The MSECC payroll deduction process will be provided by the State of Missouri as a service to its employees in the same manner as other authorized payroll deductions.
- F. The charitable organizations receiving designated contributions will be notified of the total amount pledged and an approximate schedule of payments as soon as possible after the annual campaign concludes.
- G. Any shrinkage experienced (monies pledged but not collected) shall reduce the monies distributed to the charitable organizations.
- H. Costs related to promotion and administration of the campaign shall be deducted from the total funds raised.

ADMISSION INTO THE MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN DOES NOT CONSTITUTE AN ENDORSEMENT OF ANY CHARITABLE ORGANIZATION BY THE STATE OF MISSOURI.

III. Definitions

- 1. **Federation** – An association of affiliated, individually incorporated charitable organizations that voluntarily join together to solicit contributions. (Example: United Ways, Community Health Charities and Earth Share of Missouri.)
- 2. **Independent Organization** – An individually incorporated charitable organization that raises funds independent of other charitable organizations.

ADMISSION INFORMATION

I. Eligibility Criteria

The eligibility criteria for charitable organizations to participate in the Missouri State Employees Charitable Campaign are described below.

- A. The organization must be non-profit and tax-exempt under the meaning of Section 501 (c)(3) of the U.S. Internal Revenue Code and any relevant state laws.
- B. The organization operates without illegal discrimination, religious, racial or otherwise, both in employment and delivery of services and distribution of funds.
- C. The organization provides direct human health and welfare services, including those that support the environment, wildlife or habitat conservation.
- D. The organization's financial records are audited by an independent auditor, if they receive \$100,000 or more per year from all sources.
- E. The organization shall indicate administrative costs as a percentage of its total expenses for the last full fiscal year (refer to **IRS Form 990**).
- F. A detailed annual budget is approved by the organization's governing body in a format consistent with annual financial statements.
- G. A report detailing the activities of the organization is made available to the general public on an annual basis.
- H. The organization raises funds from one or more of the following methods:
 - a. community-wide solicitation
 - b. state-wide solicitation
 - c. nationwide solicitation organized with a national board of directors or is affiliated with a national board of directors which regularly undertake fundraising activities at that level
- I. The organization has an active governing board, meeting at least quarterly. If board members serve with compensation, the amount of compensation and justification must be submitted with the application.
- J. The organization shall be a corporation in good standing and duly registered with the State of Missouri's Office of the Secretary of State.
- K. All organizations receiving monies from MSECC shall prominently display the fact in all promotional materials.
- L. **Federations** shall adhere to the following requirements:
 - a. Provide copies of fiduciary agreements with each member charity, which include a statement of their administrative cost percentage and include the cost of annual dues and/or service fees charged to member charities on the fiduciary agreement
 - b. Provide signed copies of tax status information
 - c. Notify member charities of their portion of funds received from the MSECC

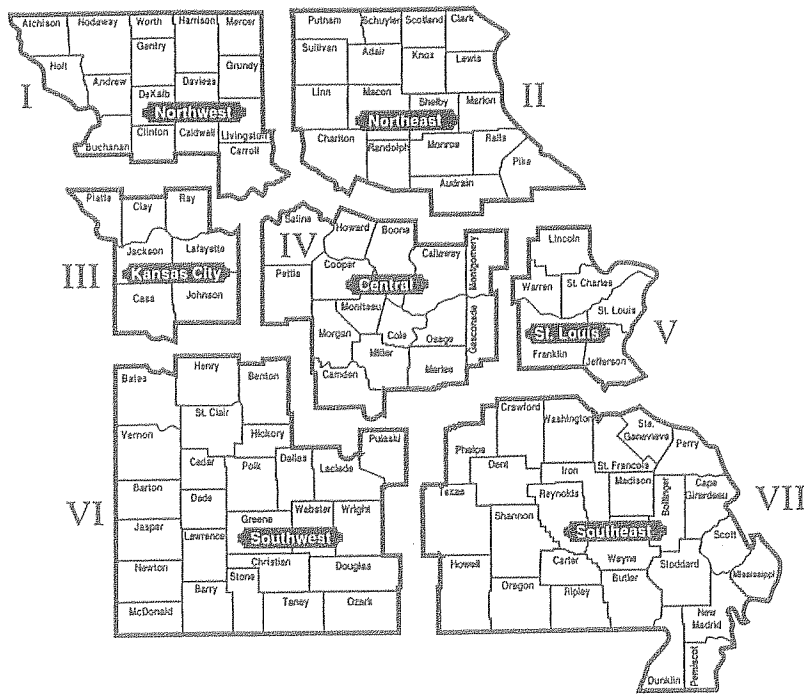
ADMISSION INFORMATION

II. Eligibility Requirements

The Missouri State Employees Charitable Campaign (MSECC) is a unified fundraising program established and administered by the Office of Administration pursuant to Section 33.103, RSMo. MSECC is comprised of voluntary charitable organizations which submit to and meet the established eligibility requirements outlined herein.

Application for participation in the MSECC may be made by private, non-profit (501(c)(3)) charitable organizations based on the following information. Please provide the attachments identified below, label each with the corresponding letter and submit in the following order:

- A. Organization Information, Administrative Percentage and Certification**
(Complete Attachment A on pages 7 and 8.)
- B. Service Code Information**
(Complete Attachment B on page 9.)
- C. Fiduciary Agreements (for Federations ONLY)**
(Attach fiduciary agreements, if applicable, as Attachment C. See sample agreement on page 6.)
- D. Source of Funds and Costs Report**
Attach a copy of IRS Form 990 for the two most recent years as Attachment D.
- E. Tax Status Information**
Attach a copy of documents from the Internal Revenue Service demonstrating the organization is a non-profit, tax-exempt public organization (501 (c)(3)) as Attachment E.
- F. Annual Report**
Attach a copy of the most recent annual report to the public as Attachment F. The report should include a full description of the organization's activities, accomplishments and names of the chief administrative personnel.
- G. Certificate of Corporate Good Standing with Missouri's Office of the Secretary of State**
Attach a copy of the SOS certificate as Attachment G. For more information, visit the SOS web site: www.sos.mo.gov/business/corporations/
- H. Certification of Eligibility (requires signature)**
(Complete Attachment H on page 11.)
- I. Certification of Non-Discrimination (requires signature)**
(Complete Attachment I on page 12.)



***Sample Fiduciary Agreement
(for FEDERATIONS only)***

The _____ hereby assigns the
(Name of Organization)

_____ to be its fiduciary agent and
(Name of Federation)

representative in the Missouri State Employees Charitable Campaign for the years 2005 and 2006.

Signed _____
Chairman of the Board of Directors

Signed _____
Chief Executive Officer

Date _____

ORGANIZATION INFORMATION*Attachment A*

Organization's Legal Name Missouri Military Family Relief Fund

Contact Person Melissa D. Ireland Title Missouri Military Family Relief Fund Coordinator

Mailing Address 2030 Militia Drive

City Jefferson City State MO Zip Code 65101

Telephone 573-638-9500 ext. 7694 Email Address MilitaryRelief@mo.ngb.army.mil

Organization's Web site Address www.moguard.com

Organization Description:

Descriptions (25 words or less) must be typed or legibly written in the space provided below, and the administrative cost percentage* (rounded to nearest whole %) must be provided. Please do not include the name of the organization as part of the description. **Federations must provide organization descriptions and administrative cost percentage for EACH member organization.**

Provide financial assistance for members and families of Missouri National Guard and Reserve components called to active duty as a result of September 11, 2001.

PLEASE SUBMIT ALL ORGANIZATION DESCRIPTIONS AND ADMINISTRATIVE COST PERCENTAGES VIA EMAIL TO: msecc@oa.mo.gov.

Administrative Cost Percentage 1 %

Administrative cost is defined as the management, general and fundraising expenses of the applicant as described on IRS Form 990. Administrative cost also includes payments to affiliates, except to the extent that these payments are used for program services. This percentage should be based on total expenses of the organization for the last full fiscal year.

Region Statewide

Select one of the geographical regions shown on page 6 which best represents your service area, if the organization is not classified as statewide, national or international.

Service Area

List ALL Missouri counties the organization serves or indicate as statewide, national or international. Organizations serving more than 50 Missouri counties will be classified as statewide, national, or international.

Statewide

ORGANIZATION INFORMATION

1. When did this charitable organization originate? August 28, 2005

2. Has the organization operated under other names? No

If so, what name(s) _____

3. Name of principal officers (excluding paid executives):

Lieutenant Governors Office- Jerry Dowell Adjutant General Rep-LTC James Allison

Veterans Commission – Pat Kerr Sr. Enlisted Rep. – CSM Frank Gross

State Resources – Jill Delgado Military Exec. Rep. – Vicki Upshaw

4. Is this organization affiliated with any local, state, or national organizations? If so, please list.

Missouri National Guard

5. Name and describe the services directly provided by the organization within the state of Missouri.

Grant financial assistance during period of financial hardship for generally accepted living expenses such as; housing, insurance, medical services/prescriptions, transportation, utilities, vehicle/home repairs, groceries and other approved quality of life and medical based needs. This assistance is available to members and families of Missouri National Guard and Reserve Component who have been called to active duty as a result of the September 11, 2001, terrorist attacks for thirty (30) consecutive days or more.

Certification of Understanding

I certify that all statements made in this application are true and accurate to the best of my knowledge and belief, and I understand that misrepresentation of any material fact may result in disqualification of this application.

I understand that admission to the Missouri State Employees Charitable Campaign entitles the applicant organization to receive designated contributions, less a proportionate share of campaign expenses. I also understand it is this organization's responsibility to provide any additional information the MSECC may need to determine eligibility.

Signature _____ Name _____

Title _____ Date _____

SERVICE CODE INFORMATION*Attachment B*

Please complete the following information and check all the appropriate service categories.

Code	Service Category	✓
S1	Adult Health	
S2	African American Issues	
S3	AIDS / HIV	
S5	Animal Welfare	
S6	Arts and Culture	
S7	Ex-Offender	
S8	Children's Development / Children's Welfare / Day Care	
S9	Children's Health / Child Abuse	
S10	Children / Foster Care / Adoption	
S11	Community & Economic Development	
S12	Counseling / Family & Individual	
S13	Developmental Disabilities / Residential Services	
S14	Domestic Abuse / Sexual Assault	
S15	Education	
S16	Emergency Services / Blood, Food, Shelter, Clothing	
S17	Emergency / Ambulance / First Responders	
S18	Employment Services	
S19	Environment / Clean Air and Water	
S20	Federation Multiple Service (United Way; Community Health Charities; etc.)	
S21	Foreign Relief	
S22	Gay & Lesbian Issues	
S23	Health Education / Prevention / Home Health	
S24	Hospice Services	
S25	Housing / Temporary or Long Term	
S26	Hunger / Food Bank	
S27	Land Preservation / Conservation	
S28	Law Enforcement / Peace Officers	
S29	Legal Services	
S30	Medical Research / Medical Treatment Services	
S31	Mental Health/ Children & Adult	
S32	Multi-functional Family & Social Services	
S33	Native American Indian	
S34	Recreational Opportunities	
S35	Reproductive Rights / Pregnancy	
S36	Senior Citizens Advocacy	
S37	Senior Citizens Transportation / Nutrition / Housing	
S38	Social Services Information & Referral	
S39	Social Justice	
S40	Substance Abuse / Alcoholism	
S41	Teen Services	
S42	Veterans	
S43	Wildlife & Habitat Protection	
S44	Work Training / Sheltered Workshops	
S45	Other	X

SOURCE OF FUNDS AND COSTS SUMMARY*Attachment D*Name of Charitable Organization Missouri Military Family Relief Fund*Use amounts from the last two completed fiscal years. If your organization has not been established for two years, list the amounts available.*

	<u>2005</u>	<u>2006</u>
Support from the Public:		
Contributions	\$33,704	\$348
Special Events (less related expenses of \$ _____)	\$ _____	\$ _____
Total Support from the Public	\$33,704	\$348
Miscellaneous Revenue:		
Government Grants (including grants-in-kind)	\$ _____	\$ _____
Service Fees, Literature Sales, etc.	\$ _____	\$ _____
Gain from the Sale of Products	\$ _____	\$ _____
Memberships	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Miscellaneous Revenue	\$ _____	\$ _____
TOTAL SUPPORT AND REVENUE	\$ _____	\$ _____
Expenditures:		
Program Services:		
(Category) _____	\$ _____	\$ _____
(Category) _____	\$ _____	\$ _____
(Category) _____	\$ _____	\$ _____
(Category) _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____
Supporting Services:		
Management and General Administration	\$ _____	\$ _____
Fund Raising	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____
TOTAL EXPENDITURES	\$ _____	\$ _____
EXCESS OF REVENUE OVER EXPENDITURES	\$33,704	\$348

CERTIFICATION OF ELIGIBILITY*Attachment H*

This certification form must be completed by an authorized agent of the applicant organization. Eligibility criteria not checked will be presumed uncertifiable.

Check Below To Certify:

1. X I hereby certify that the applicant organization listed below is a non-profit, tax-exempt organization under the meaning of Section 501(c)(3) of the U.S. Internal Revenue Code and any relevant state laws.
2. X I hereby certify the information provided in the organization description is accurate, and I authorize use of this information in the MSECC brochure and web site.
3. X I hereby certify that the organization provides direct human services as defined on page 2 in this application, and I understand that proceeds from the campaign must be used for the purpose stated in this information.
4. X I hereby certify that the organization's administrative cost percentage indicated previously in this application is the percentage for the latest reporting year. If the administrative cost percentage exceeds 25%, I certify that the actual expenses for those purposes are reasonable under all circumstances, and I have attached an explanation to that effect.
5. X I hereby certify that the organization operates without illegal discrimination. (The Certification of Non-Discrimination must accompany this application).
6. X I hereby certify that the services provided by the applicant organization are accessible to residents of Missouri.
- *7. X I hereby certify that the organization's financial records are audited by an independent auditor.
*(This certification is required only for organizations that receive \$100,000 or more per year from all sources).
8. X I hereby certify that the annual budget of the organization is approved by the governing body.
9. X I hereby certify that an annual report of the organization's activities are made available to the general public on an annual basis.
10. X I hereby certify that the organization has an active governing board that meets regularly and serves without compensation.
11. X I hereby certify that the organization is duly registered with the State of Missouri's Office of the Secretary of State.

Name of Applicant Organization Missouri Military Family Relief Fund

Signature _____ Name _____

Title _____ Date _____

CERTIFICATION OF NON-DISCRIMINATION

Attachment I

At a meeting of Missouri Military Family Relief Fund held on 28 Aug 2005,
(name of organization) (date)

the governing board ☐ adopted a policy or ☐ affirmed its policy of non-discrimination as follows:

1. No person is excluded from services because of race, color, religion, sex, or national origin or disability.
2. There is no segregation of persons served on the basis of race, color, religion, or national origin or disability.
3. There is no discrimination on the basis of race, color, religion, sex, national origin or disability with regard to hiring, assignment, promotion or other conditions of staff employment.
4. There is no discrimination on the basis of race, color, religion, sex, national origin or disability in membership on the agency's governing body.

I certify that the practices of the applicant organization conform to the policy of non-discrimination stated above.

Signature _____ Name _____
Title _____ Date _____

Applications for the 2005 & 2006
Missouri State Employees Charitable Campaign
must be postmarked by midnight on:

February 28, 2005

MISSOURI MILITARY FAMILY RELIEF FUND CONTRIBUTION RECEIPT

JFMO-J1/SSP-N
2302 Militia Drive
Jefferson City, Missouri 65101

Name: _____

Contribution Amount: \$ _____ Check Number: _____

Goods or services received as a result of this contribution: _____ Yes _____ No

MMFRF Coordinator: _____ Date: _____



MISSOURI MILITARY FAMILY RELIEF FUND CONTRIBUTION RECEIPT

JFMO-J1/SSP-N
2302 Militia Drive
Jefferson City, Missouri 65101

Name: _____

Contribution Amount: \$ _____ Check Number: _____

Goods or services received as a result of this contribution: _____ Yes _____ No

MMFRF Coordinator: _____ Date: _____



MISSOURI MILITARY FAMILY RELIEF FUND CONTRIBUTION RECEIPT

JFMO-J1/SSP-N
2302 Militia Drive
Jefferson City, Missouri 65101

Name: _____

Contribution Amount: \$ _____ Check Number: _____

Goods or services received as a result of this contribution: _____ Yes _____ No

MMFRF Coordinator: _____ Date: _____



JFMO-SRF

Date _____

MEMORANDUM FOR Office of the Adjutant General, JFMO-SRF, ATTN: Jill Delgado,
2302 Militia Drive, Jefferson City, Missouri 65101-1203

SUBJECT: Deposit for Missouri Military Family Relief Fund

1. Attached find Check(s)# _____ in the amount of _____ for deposit. This money is for _____.

2. Deposit as follows:

<u>Org #3188</u>	<u>Fund</u>	<u>Function Code</u>	<u>Amount</u>	<u>Appropriation</u>	<u>Revenue Source</u>
MO Military Family Relief Fund	0719	V264	\$ _____		1501

Signature: _____

Print Name: _____

Attach find copy of Revenue Transmittal _____ and copy/s of federal check/s in the amount/s of \$ _____ and \$ _____, which was/were deposited on _____ . Retain copy for your files, this serves as proof of deposit.

Jill L. Delgado
Fiscal/Accounting Manager
(573)638-9574

MVC

Date _____

MEMORANDUM FOR Office of the Adjutant General, JFMO-SSP-N, ATTN: MMFRF
Coordinator, 2302 Militia Drive, Jefferson City, Missouri 65101-1203

SUBJECT: Deposit for Missouri Military Family Relief Fund

1. Attached find Check(s)# _____ in the amount of
_____ for deposit. This money is from _____
fund raising event.

2. Deposit as follows:

<u>For</u>	<u>Amount</u>
MO Military Family Relief Fund	\$ _____

Signature: _____

Print Name: _____

Money has been received from the Missouri Veterans Commission in the amount of
\$ _____, which has been logged and turned over to the State Resources Office on
_____. Retain copy for your files, this serves as proof of deposit.

MELISSA D. IRELAND
SFC, MOARNG
MMFRF Coordinator